

**Abstract 165**

**TITLE:** GETTING IT TOGETHER: State Agency Activity to Coordinate Substance Abuse, Mental Health and HIV Prevention and Treatment Services, Results from a National Survey of AIDS Directors

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**BACKGROUND AND OBJECTIVES:** HIV, Substance Abuse and Mental Illnesses are often related and compounding factors in the health of people. Collaboration at federal, state and local levels to assure local prevention and treatment services for persons with multiple diagnoses has been difficult to achieve. State level interagency coordination to serve persons at risk for or living with HIV, Substance Abuse and Mental Illnesses has been one of the vehicles for achieving coordination of services. Many factors complicate the coordination of state agencies. Some examples are characteristics germane to bureaucracies, characteristics and composition of leadership, political environment, policy environment and differences in federal finance (block versus categorical grants).

In a study funded by the Substance Abuse and Mental Health Services Administration, the National Alliance of State and Territorial AIDS Directors (NASTAD) sought to identify the following from the perspective of State and Territorial AIDS Directors: 1) Current level and quality of collaborative activity among state and territorial HIV, Substance Abuse and Mental Health agencies, 2) Models for collaborative relationships and projects, 3) Barriers to and factors enhancing collaboration among state and territorial HIV, Substance Abuse and Mental Health agencies.

**METHODS:** Researchers utilized both quantitative and qualitative methods to collect information regarding state agency collaboration. A thirty-nine (39) question survey was completed by State and Territorial AIDS Directors of the United States. Frequencies of responses are being calculated for activities, quality of interagency relationships and barriers to and factors which enhance collaboration. Multivariate analysis will be conducted to assess the relationship among the key variables and to identify clustering of activities regionally and by epidemiologic burden. Qualitative responses will be analyzed for emergent themes to give further meaning to the quantitative responses. Suggestions for future research will be articulated.

**RESULTS:** Survey results will be available on April 17, 1999. Surveys were received on March 26, 1999 and are now being analyzed. The survey achieved a 96% response rate.

**CONCLUSIONS:** Conclusions will be offered on April 17, 1999. It is our hope that the survey results and conclusions will provide an opportunity for participants to discuss the policy and program implications, and to share their experiences with the coordination of HIV, Substance Abuse and Mental Health prevention and treatment activities in their jurisdictions.

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